UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT		or Use by M	Form A For Use by Members, Officers,	s, and Employees	TESTVIA	LEGISLATIVE RESOURCE CENTS:
	-					2015 HAY 1	2015 MAY 15 PM 2: 23 -1/1/
Name: J	John B. Lasson	Daytim	Daytime Telephone:	one: 202-22	25-2265	OFFICE (U.S. HOUSE OF (Offi	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
FILER STATUS	Member of or Candidate for State: U.S. House of Representatives District:	©T CT	•	Offic Emp	Officer or Employing Officer		
REPORT TYPE	X 2014 Annual (Due: May 15, 2015)	Amer	Amendment		Termination Date of Termination:	mination:	
PRELIMINA	PRELIMINARY INFORMATION - ANSWER EACH OF	THESE	QUESTIONS				
Did you, your a. Own any re end of the b. Make more asset during	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes X No		₹. Did you have any outside entity during year up through the	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an n the current calendar	No No
3. Did you, your axchange any su axceeding \$1,00	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No.		G. Did you, your spouse, or your de reportable glift(s) totaling more than source during the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	child receive any value from a single	No No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., sataries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes X No		H. Did you, your spor reportable travel or re \$375 In value from a	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	child receive any of totaling more than be reporting period?	Yes No
 Did you, your lability (more the 	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	¥		I. Did any individual o lieu of paying you for reporting period?	 Did any individuel or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? 	donation to charity in or article during the	Yes No
E. Did you hold he current caler	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yee No	X	П	CORRESPONDIN	ORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER
PO AND E	IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	ENT, OR TRI	JST INFO	OR TRUST INFORMATION - AI	NSWER EACH	NSWER EACH OF THESE QUESTIONS	ESTIONS
PO – Did you p he Committee o	IPO - Did you purchase any shares that were aflocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	nitial Public Offering	during the repo	rting period? If you	answered "yes" to this q	uestion, please contact	Yes No
TRUSTS – Deta his report detait	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne this report details of such a trust that benefits you, your spouse, or your dependent child?	mmittee on Ethics a dependent child?	and certain othe	r "excepted trusts" n		ed not be disclosed. Have you excluded from	Yes No
XEMPTION - I	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or	eamed" income, tra	excluded from this report any other assets, "uneamed" income, transactions, or liab	abilities of a spouse	or vour denendent child	ryour dependent child because they meet all]

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SCHEDULE A - ASSETS & "UNEARNED INCOME"		Name: Largon, John B.	Page 2A of 9	1 or 9
BLOCK A	вухоля	втоск с	BLOCK D	BLOCK E
Asset and/or income Source	Value of Asset	Type of Income	Amount of Income	Transaction
dentify (a) each asset held for investment or	Identify (a) each easet held for investment or indicate value of asset at close of the reporting period. If you use a Check all columns that apply. For soccums that For assets for which you checked "Tax-Defend" in Block C, you indicate if the	Check all columns that apply. For accounts that	For assets for which you checked "Tax-Deferred" in Block	C, you indicate if the
production of income and with a fair market value	production of income and with a fair market value valuation method other than fair market value, please specify the method generate tax-deferred income (auch as 401(t)), IROs, or may check the "None" column. For all other assess indicate the assess indicate the	generate tax-deferred income (such as 401(k), IRA, or	mey check the "None" column. For all other assets indic	ste the asset had
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Chucking	<i>ज्डामा</i> स्ट		*	Chec	Bank of		Exemples:	\$	more than \$1,000 in interest-beering accounts. For rental and offer real property held for investment, provide a complete real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second forms adea and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-braded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or fincome source is that of your apouse (SP) or dependent child (DC), or jointly held with enyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash eccounts, total the amount in all interest-bearing accounts. If the total is over its office of the second in the second is over the second in the	BLOCK A Asset ancior income Source Identity (a) each esset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income that generated more than \$200 in 'unearmed' income during the year. Provide complete names of stocks and mutual funds (do not use only stoker symbols). For all EAAs and other retirement plans (such ass \$401(k) plans) provide the value for each esset held in the account that exceeds the reporting thresholds.
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Lavson, John B

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Larson, John B

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																	\$201-\$1,000	
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			<u> </u>		-		_		H	Н						<u> </u>	Over \$5,000,000 Spouse/DC Asset with income over \$1,000,000* ≧	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Larson, John B

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SCHEDULE B - TRANSACTIONS

Name: Larson, John B	
Page 3A of 9	

SCHEDULE B - TRANSACTIONS

Name: Larson, John B Page 313 of 9

d \$1,000 in the spouse, or your transactions that roge transaction, or the income. If only transaction, as of \$200, check ant, and disclose transactions.	Type of Transaction	oxchange	heck Box if Capital Gain scaeded \$200	Date (MODAYR) or Custonly, or By wealty, or By applicable	1,001-	15,001- 50,000	50,001- 100,000	100,001-250,000	250,001- 500,000 m	1,000,000 T IIII	5,000,001- 25,000,000 ==	25,000,001- 50,000,000	ver \$50,000,000
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	8			10/31/14	ઇ								

SCHEDULE B - TRANSACTIONS

Name: Larson, John B

Page 3C of

										NE Uhlitics	gp Example Mega Corp. Stock	SP, DC, JT Asset	Exclude transactions between you, your spouse, or dependent children, or the purchase or take of your personal neederce, unless it generated rental income. If only a portion of an asset is sold, please choose "perital sale" as the type of transaction. Capital Galins: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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									-	M12101	35/14		(MO/DAYR) or Querterly, Montely, or Bi- weekly, if applicable	:	Date
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SCHEDULE C - EARNED INCOME

Name: Lassin, John B Page 4 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse samed income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. State of Connecticut Connectant Innovations Inc Examples: Keene State
State of Maryland
Civil War Roundable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) Comphalless Spange Salery Howless Schools Type <u>ح</u> 4∕ **Amount** \$18,000 \$18,000

SCHEDULE D - LIABILITIES

	Name:
	Larson
	John
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period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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		American	Example			
		American Easle ACU: Ening NS 3/12	First Bank of Wilmington, DE	Creditor		
		3/12	5/98	Date Liability Incurred MO/YR		
	East Hartford, CT	1st mortsee on 1887 Monst	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	*	
				\$15,001- \$50,000	8	
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	ļ		×	\$100,001- \$250,000		Ą
	 	X		\$250,001- \$500,000	m	Amount of Liability
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				\$5,000,001- \$25,000,000	x	
 				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	-	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

held in any religious, social, fraternal, or political entities (sur	held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Larson, John B	
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2	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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identify the source and list travel tinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(e)	City of Departure – Destination –- City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
•	Government of China (MECEA)	Aug. 6-11	oc-bailing, china - oc	≺	۲	z
Compat.	Habitat for Humanity (cherity fundraleer)	Mar. 3-4	DC-Booken-DC	≺ .	· - - -	*
The Rip	The Ripon Society Global Blicy Exchange Now 5-11		Hartford, CT-Rome- Hartford	Y	Υ	Υ
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SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Larson, John €) Page

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

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										Article	Speech	Activity	
					:					Aug. 13, 2014	Feb, 2, 20	Date	
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		:								\$500	\$2,000	Amount	

FILER NOTES (Optional)

Name: LOSSON, John B Page q of q

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